



JOSEPH KELLY
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012
TELEPHONE: (213) 974-2101 FAX: (213) 626-1812



HOME PAGE
TTC.LACOUNTY.GOV
PROPERTY TAX PORTAL
LACOUNTYPROPERTYTAX.COM

December 15, 2015

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

22 December 15, 2015


PATRICK O'SAWA
ACTING EXECUTIVE OFFICER

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL SUPERVISORIAL DISTRICTS AFFECTED) (3 VOTES)

SUBJECT

This is to request Board approval to accept compromise offers of settlement for patients who were injured in a third party compensatory accident and received medical care at a County facility. Treasurer and Tax Collector (TTC) staff entered into negotiations with the liable parties and reached the following settlement agreements, which are beyond the TTC's authority.

IT IS RECOMMENDED THAT THE BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the following compromise offers of settlement:

1. Account Number 12290815 in the amount of \$ 6,733.80
2. Account Number 12875499 in the amount of \$ 9,000.00
3. Account Number 12891693 in the amount of \$ 907.69
4. Account Number 12687973 in the amount of \$12,954.91
5. Account Number 12891699 in the amount of \$ 5,000.00
6. Account Number 12808992 in the amount of \$ 2,864.43
7. Account Numbers 12791693 & 12827008 in the amount of \$420,000.00
8. Account Number 12983057 in the amount of \$ 4,920.67
9. Account Number 12882466 in the amount of \$ 4,268.00
10. Account Number 12580653 in the amount of \$ 3,922.39
11. Account Number 12855301 in the amount of \$ 5,000.00
12. Account Number 12428814 in the amount of \$ 3,830.75
13. Account Number 12968346 in the amount of \$ 4,600.00

14. Account Number 12504600 in the amount of \$ 4,000.00

15. Account Number 12610095 in the amount of \$ 4,758.56

16. Account Number 12758885 in the amount of \$ 7,336.77

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

These compromise offers of settlement are recommended because the subject patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the TTC was able to negotiate or was offered under the legal settlement requirements involved in these cases.

The best interest of the County would be served by authorizing acceptance of these compromise offers of settlement, as they will ensure maximum possible collection on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness/Fiscal Sustainability, of the County's Strategic Plan by collecting funds owed to the County.

FISCAL IMPACT/FINANCING

Authorizing acceptance of these compromise offers of settlement will enable the County to maximize collections on these accounts.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Title 2, Division 3, Chapter 2.52.040 (L), the TTC has the authority to reduce patient account liabilities by the greater of: (i) \$15,000, or (ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding this authority requires Board approval. These account reductions exceed this authority.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

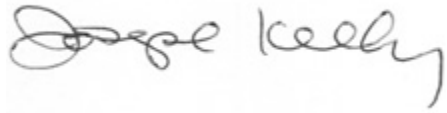
Authorizing acceptance of these compromise offers of settlement will result in net revenues for the County, which will in turn assist the County in meeting its fiscal responsibilities.

The Honorable Board of Supervisors

12/15/2015

Page 3

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Joseph Kelly". The signature is fluid and cursive, with the first name "Joseph" written in a more compact, looped style and the last name "Kelly" written in a more open, cursive style.

Joseph Kelly

Treasurer and Tax Collector

JK:KK:KG:BR:en

Enclosures

c: Chief Executive Officer
Acting Executive Officer, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR TRANSMITTAL 137A

Amount of Aid	\$22,207.43	Account Number	12290815
Amount Paid	0.00	Name	Adult Male
Balance Due	\$22,207.43	Service Date	09/12/08 – 05/31/12
Compromise Amount Offered	6,733.80	Facility	Olive View-UCLA Medical Center
Amount to be Written Off	\$15,473.63	Service Type	Outpatient

JUSTIFICATION

The client was involved in a bicycle versus bus accident. He was treated at Olive View-UCLA Medical Center at a cost of \$22,207.43. The client had restricted Medi-Cal that covered a portion of the charges. The client did not have private insurance.

The attorney has settled the case for the amount of \$120,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 40,000.00	\$ 40,000.00	33.33%
Attorney Costs	48,554.63	48,554.63	40.46%
County of Los Angeles	22,207.43	6,733.80	5.61%
Dr. Abraham Argun, Psy. D.	12,530.00	3,132.50	2.61%
Dr. Israel Chambi, M.D.	946.00	236.50	0.20%
Dr. Jacob E. Tauber, M.D.	2,880.00	720.00	0.60%
Dr. Lawrence Miller, M.D.	3,161.00	790.25	0.66%
Dr. Peter C. Nissler, D.D.S.	5,878.00	1,469.50	1.22%
Dr. Robert Shorr, M.D.	1,825.00	456.25	0.38%
Holy Cross Hospital	302,239.40	12,984.39	10.82%
Medi-Cal - California Department of Health Care Services	3,609.19	2,767.73	2.31%
Precision Occupational Medical Group	2,146.71	536.68	0.45%
Net to Client	N/A	1,617.77	1.35%
Total	\$445,977.36	\$120,000.00	100.00%

In this case, the attorney's costs consisted of depositions, expert statements, research, and court filing fees. These services assisted the attorney in settling the case without the need for a trial. The legal costs could have been higher if a trial was pursued.

Our financial investigation reveals that the client is disabled and is receiving Social Security Disability Insurance. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 137B

Amount of Aid	\$441,712.00	Account Number	12875499
Amount Paid	0.00	Name	Adult Male
Balance Due	\$441,712.00	Service Date	06/09/10 - 09/17/12
Compromise Amount Offered	9,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$432,712.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a truck versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$441,712.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	20.00%
Attorney Costs	5,531.00	5,531.00	22.12%
City of Los Angeles Fire Department	1,177.25	1,177.25	4.71%
County of Los Angeles	441,712.00	9,000.00	36.00%
Net to Client	N/A	4,291.75	17.17%
Total	\$453,420.25	\$25,000.00	100.00%

In this case, the attorney's costs consisted of subpoena, deposition, and mediation fees. These services assisted the attorney in settling the case without the need for a trial. The legal costs could have been higher if a trial was pursued.

Our financial investigation reveals that the client is incarcerated. The client has no source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 137C

Amount of Aid	\$16,380.00	Account Number	12891693
Amount Paid	0.00	Name	Adult Female
Balance Due	\$16,380.00	Service Date	02/13/14 – 07/23/14
Compromise Amount Offered	907.69	Facility	LAC USC Medical Center
Amount to be Written Off	\$15,472.31	Service Type	Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$16,380.00. The client had restricted Medi-Cal that covered a portion of the charges. The client did not have private insurance.

The attorney has settled the case for the amount of \$2,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 833.33	\$ 833.33	33.33%
Attorney Costs	46.60	46.60	1.86%
County of Los Angeles	16,380.00	907.69	36.31%
Medi-Cal – California Department of Health Care Services	3,832.48	212.31	8.50%
Net to Client	N/A	500.07	20.00%
Total	\$21,092.41	\$2,500.00	100.00%

Our financial investigation reveals that the client is a homemaker and her spouse supports her financially on his marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 137D

Amount of Aid	\$42,574.00	Account Number	12687973
Amount Paid	0.00	Name	Adult Female
Balance Due	\$42,574.00	Service Date	02/25/12 - 03/03/12
Compromise Amount Offered	12,954.91	Facility	LAC USC Medical Center
Amount to be Written Off	\$29,619.09	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$42,574.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$20,000.00	\$20,000.00	40.00%
Attorney Costs	916.00	916.00	1.83%
County of Los Angeles	42,574.00	12,954.91	25.91%
Net to Client	N/A	16,129.09	32.26%
Total	\$63,490.00	\$50,000.00	100.00%

Our financial investigation reveals that the client is self-employed and supports her family with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR TRANSMITTAL 137E

Amount of Aid	\$176,452.00	Account Number	12891699
Amount Paid	0.00	Name	Adult Male
Balance Due	\$176,452.00	Service Date	10/29/13 – 07/18/14
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$171,452.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at LAC USC Medical Center at a cost of \$176,452.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	140.00	140.00	0.94%
County of Los Angeles	176,452.00	5,000.00	33.33%
Net to Client	N/A	4,860.00	32.40%
Total	\$181,592.00	\$15,000.00	100.00%

Our financial investigation reveals that the client supports himself by performing odd jobs and is supported financially by family and friends. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL 137F

Amount of Aid	\$24,231.00	Account Number	12808992
Amount Paid	0.00	Name	Adult Female
Balance Due	\$24,231.00	Service Date	11/14/12 – 11/30/12
Compromise Amount Offered	2,864.43	Facility	LAC USC Medical Center
Amount to be Written Off	\$21,366.57	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$24,231.00. The client had Medi-Cal Managed Care that covered a portion of the charges. The client did not have private insurance.

The attorney has settled the case for the amount of \$10,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,000.00	\$ 3,000.00	30.00%
Attorney Costs	742.00	742.00	7.42%
County of Los Angeles	24,231.00	2,864.43	28.64%
Kaiser Hospital	1,875.85	200.00	2.00%
Net to Client	N/A	3,193.57	31.94%
Total	\$29,848.85	\$10,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported financially by her spouse with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR TRANSMITTAL 137G

Amount of Aid	\$754,843.00	Account Numbers	12791693 & 12827008
Amount Paid	0.00	Name	Adult Female
Balance Due	\$754,843.00	Service Date	05/15/13 – 10/16/13
Compromise Amount Offered	420,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$334,843.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured on private property. She was treated at Harbor UCLA Medical Center at a cost of \$754,843.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$4,000,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$1,800,000.00	\$1,800,000.00	45.00%
Attorney Costs	86,708.00	86,708.00	2.17%
Alon Antebi, M.D.	986.00	493.00	0.01%
American Medical Response	1,394.00	697.00	0.02%
American Professional Ambulance	296.00	148.00	0.01%
Buena Vista Medical Services, Inc.	1,111.59	555.80	0.01%
Caregivers of Southern California	98,529.09	49,264.55	1.23%
County of Los Angeles	754,846.00	420,000.00	10.50%
Daniel Marciano, M.D.	8,975.00	4,487.50	0.11%
E. Duane Carmalt, M.D.	1,706.00	853.00	0.02%
Eric Espensen, D.P.M.	450.00	225.00	0.01%
Excel Diagnostic Services	275,000.00	137,500.00	3.44%
Jacob E. Tauber, M.D.	2,050.00	1,025.00	0.02%
Kremen & Pesselnick, M.D.	415.00	207.50	0.01%
Mario Quintos - Caretaker	180.00	90.00	0.01%
Medical Distributors, Inc.	1,463.51	731.76	0.02%

Mission Hills Hospital	126,208.84	63,104.42	1.58%
Nancy Franenberg - Caretaker	1,020.00	510.00	0.01%
Orchid Multispecialty Medical Group	2,625.00	1,312.50	0.03%
Oxnard Valley Medical Group, Inc.	5,465.85	2,732.93	0.07%
Robert E. Thompson, M.D.	3,425.00	1,712.50	0.04%
Tarzana Health and Rehabilitation Center	6,966.00	3,483.00	0.09%
Tirso Del Junco Jr., M.D.	335.00	167.50	0.01%
Valley Emergency Medical Association	975.00	487.50	0.01%
West Hills Emergency Medical Associates	749.00	374.50	0.01%
West Hills Hospital & Medical Center	266,414.05	133,207.02	3.32%
West Valley Radiology Medical Group	1,265.50	632.75	0.02%
Westmed dba McCormick Ambulance	1,265.50	632.75	0.02%
Net to Client	N/A	1,288,656.52	32.20%
Total	\$3,450,824.93	\$4,000,000.00	100.00%

Our financial investigation reveals that the client is unemployed and supports herself by proceeds of a loan, which is to be repaid through her portion of the settlement proceeds. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 137H

Amount of Aid	\$41,202.00	Account Number	12983057
Amount Paid	0.00	Name	Adult Male
Balance Due	\$41,202.00	Service Date	09/11/14 – 10/15/14
Compromise Amount Offered	4,920.67	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$36,281.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$41,202.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	238.00	238.00	1.59%
County of Los Angeles	41,202.00	4,920.67	32.80%
Net to Client	N/A	4,841.33	32.28%
Total	\$46,440.00	\$15,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 1371

Amount of Aid	\$142,036.00	Account Number	12882466
Amount Paid	0.00	Name	Adult Female
Balance Due	\$142,036.00	Service Date	03/09/14 - 05/02/14
Compromise Amount Offered	4,268.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$137,768.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$142,036.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$13,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,333.00	\$ 4,333.00	33.33%
Attorney Costs	525.00	525.00	4.04%
Alhambra Fire Department	2,168.47	65.00	0.50%
County of Los Angeles	142,036.00	4,268.00	32.83%
Net to Client	N/A	3,809.00	29.30%
Total	\$149,062.47	\$13,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is financially supported by her family. The client has no source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 137J

Amount of Aid	\$40,385.00	Account Number	12580653
Amount Paid	0.00	Name	Adult Male
Balance Due	\$40,385.00	Service Date	01/15/11 - 06/22/11
Compromise Amount Offered	3,922.39	Facility	LAC USC Medical Center
Amount to be Written Off	\$36,462.61	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$40,385.00. The client had restricted Medi-Cal that did not cover his treatment. The client did not have private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	476.23	476.23	3.18%
County of Los Angeles	40,385.00	3,922.39	26.15%
North Valley Health Center	3,095.00	300.64	2.00%
Pacifica Emergency Specialists	375.00	36.31	0.24%
Providence Holy Cross Medical Center	5,693.53	552.87	3.69%
Serra Community Medical Clinic	300.00	29.05	0.19%
Net to Client	N/A	4,682.51	31.22%
Total	\$55,324.76	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported financially by his spouse with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL 137K

Amount of Aid	\$481,902.00	Account Number	12855301
Amount Paid	0.00	Name	Adult Male
Balance Due	\$481,902.00	Service Date	08/06/13 – 01/13/14
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$476,902.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$481,902.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	655.00	655.00	4.37%
County of Los Angeles	481,902.00	5,000.00	33.33%
Net to Client	N/A	4,345.00	28.97%
Total	\$487,557.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is incarcerated. The client has no source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR TRANSMITTAL 137L

Amount of Aid	\$25,499.00	Account Number	12428814
Amount Paid	0.00	Name	Adult Female
Balance Due	\$25,499.00	Service Date	11/27/10 – 02/02/11
Compromise Amount Offered	3,830.75	Facility	LAC USC Medical Center
Amount to be Written Off	\$21,668.25	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$25,499.00. The client had restricted Medi-Cal that covered a portion of the services. The client did not have private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	1,454.38	1,454.38	9.70%
County of Los Angeles	25,499.00	3,830.75	25.54%
Medi-Cal - California Department of Health Care Services	4,556.00	2,866.68	19.11%
Net to Client	N/A	1,848.19	12.32%
Total	\$36,509.38	\$15,000.00	100.00%

In this case, the attorney's costs consisted of expert and court filing fees. These services assisted the attorney in settling the case without the need for a trial. The legal costs could have been higher if a trial was pursued.

Our financial investigation reveals that the client is unemployed and receives financial support from her family. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 137M

Amount of Aid	\$20,241.00	Account Number	12968346
Amount Paid	0.00	Name	Adult Male
Balance Due	\$20,241.00	Service Date	05/24/14 – 09/25/14
Compromise Amount Offered	4,600.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$15,641.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of \$20,241.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	1,447.63	1,447.63	9.65%
City of Los Angeles Fire Department	2,126.45	2,126.45	14.17%
County of Los Angeles	20,241.00	4,600.00	30.67%
Hoag Memorial Hospital	486.15	250.00	1.67%
Newport Emergency Medical Group	473.40	250.00	1.67%
Net to Client	N/A	1,325.92	8.84%
Total	\$29,774.63	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and homeless. The client has no source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL 137N

Amount of Aid	\$65,740.00	Account Number	12504600
Amount Paid	0.00	Name	Adult Male
Balance Due	\$65,740.00	Service Date	04/27/11 – 05/11/11
Compromise Amount Offered	4,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$61,740.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$65,740.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,750.00	\$ 6,750.00	43.55%
Attorney Costs	788.58	788.58	5.09%
Airport Chiropractic Center	375.00	25.00	0.16%
County of Los Angeles	65,740.00	4,000.00	25.81%
McCormick Ambulance	1,589.50	60.00	0.39%
Net to Client	N/A	3,876.42	25.00%
Total	\$75,243.08	\$15,500.00	100.00%

Our financial investigation reveals that the client is unemployed and homeless. The client has no income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 1370

Amount of Aid	\$24,792.00	Account Number	12610095
Amount Paid	0.00	Name	Adult Female
Balance Due	\$24,792.00	Service Date	08/18/11 – 10/12/11
Compromise Amount Offered	4,758.56	Facility	LAC USC Medical Center
Amount to be Written Off	\$20,033.44	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$24,792.00. The client had restricted Medi-Cal that covered a portion of the charges. The client did not have private insurance.

The attorney has settled the case for the amount of \$23,072.07 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,613.00	\$ 7,613.00	33.00%
Attorney Costs	192.00	192.00	0.83%
County of Los Angeles	24,792.00	4,758.56	20.62%
Department of Health Services Medi-Cal	317.94	317.94	1.38%
Dr. Issac Regev, M.D.	650.00	400.00	1.73%
Los Angeles MRI Center	6,000.00	1,900.00	8.24%
Southern California Orthopedic Institute	1,000.00	600.00	2.60%
Universal Core Wellness Center	6,975.00	1,900.00	8.24%
Net to Client	N/A	5,390.57	23.36%
Total	\$47,539.94	\$23,072.07	100.00%

Our financial investigation reveals that the client is deceased and the daughter continued the claim.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL 137P

Amount of Aid	\$26,925.00	Account Number	12758885
Amount Paid	0.00	Name	Adult Male
Balance Due	\$26,925.00	Service Date	10/06/11 – 01/12/12
Compromise Amount Offered	7,336.77	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$19,588.23	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was a gunshot victim. He was treated at Harbor UCLA Medical Center at a cost of \$26,925.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$40,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$16,000.00	\$16,000.00	40.00%
Attorney Costs	0.00	0.00	0.00%
Advanced Orthopedics	1,700.00	500.00	1.25%
Beverly Hospital	15,689.59	5,000.00	12.50%
County of Los Angeles	26,925.00	7,336.77	18.34%
Kaiser Permanente	1,017.00	449.11	1.12%
Medtech Radiology	3,600.00	1,030.00	2.58%
Net to Client	N/A	9,684.12	24.21%
Total	\$64,931.59	\$40,000.00	100.00%

Our financial investigation reveals that the client is incarcerated. The client has no source of income or tangible assets.